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November 1, 2010

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H. *J. Fielding*  
Director and Health Officer

SUBJECT: **ADVANCE COPY: LA HEALTH REPORT, "TRENDS IN DIABETES:  
A REVERSIBLE PUBLIC HEALTH CRISIS"**

Enclosed is the latest issue of the Department of Public Health's (DPH) *LA Health* brief which focuses on the diabetes epidemic including efforts to prevent and control diabetes. The report has been created by DPH Office of Health Assessment & Epidemiology with input from the Office of Senior Health and the American Diabetes Association (ADA).

In addition to the brief, informational one-page summaries in both English and Spanish were created to target the general public. Copies of the brief and the summaries will be distributed at two ADA-hosted events during the month of November to recognize National Diabetes Month: Feria de Salud at Olvera Street on November 7, 2010 and Step Out: Walk to Fight Diabetes on November 13, 2010. The report will also be available on the DPH website at [www.lapublichealth.org/ha](http://www.lapublichealth.org/ha).

If you have any questions, please contact Susie Baldwin, M.D., M.P.H. in the Office of Health Assessment & Epidemiology at (213) 240-7785.

JEF:sjk

Enclosure

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## TRENDS IN DIABETES: A REVERSIBLE PUBLIC HEALTH CRISIS

### Introduction

Diabetes mellitus is a chronic condition characterized by high blood sugar levels (fasting blood sugar  $\geq 126$  mg/dL).<sup>1</sup> Diabetes has been increasing in prevalence globally and is now considered a worldwide pandemic. In 2006, the United Nations General Assembly passed a resolution recognizing diabetes as an international public health crisis.<sup>2</sup> In the US, 17.9 million people had diabetes in 2007, and an estimated 5.7 million more people had undiagnosed diabetes.<sup>3</sup>

There are several forms of diabetes, including type 1, in which the pancreas produces little or no insulin; type 2 that occurs when the body becomes resistant to the effects of insulin; and gestational diabetes, in which women without previously diagnosed diabetes develop high blood sugar during pregnancy. Type 2 currently accounts for over 90% of all diabetes cases, and has been rapidly increasing in prevalence primarily due to the concurrent worldwide rise in obesity.<sup>3,4</sup> The primary risk factor for type 2 diabetes is obesity, and this impact on the diabetes pandemic is evident in a new term that reflects the link between these two public health problems: "diabesity." Other important risk factors associated with type 2 diabetes are age, heredity, race/ethnicity, history of gestational diabetes, and physical inactivity.

Symptoms of diabetes can include blurry vision, unexplained weight loss, increased thirst, and/or increased urination.<sup>1</sup> In its early stages, people with diabetes may be asymptomatic. However, if left

untreated, diabetes can damage nerves and blood vessels, leading to heart disease, stroke, kidney disease, blindness, loss of sensation in extremities, and amputation.<sup>1,5-6</sup>

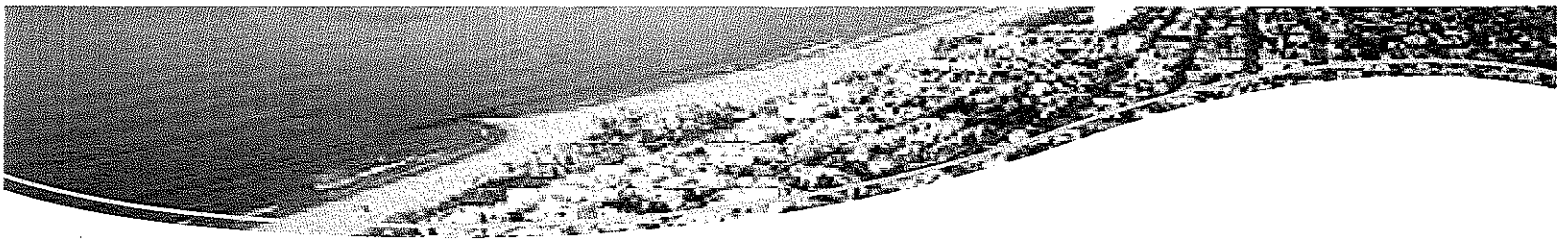
The consequences of the diabetes pandemic are evident in LA County, where diabetes has been the 6th leading cause of death since 1997 and has also become an important cause of premature death (death before age 75) since 1999. In 2006, diabetes caused 25 deaths per 100,000 population and was the 9th leading cause of premature death.<sup>7</sup> The risk of death among people with diabetes is about twice that of people without diabetes of similar age.<sup>3</sup> Since the turn of the century (1999), death rates have declined 15-35% for 8 of the 10 leading causes of death in the County, yet there has been no change in the diabetes death rate. Furthermore, diabetes is underreported as a cause of death. Studies have found that diabetes is listed as a cause of death for only about 35-40% of people who die from the disease or its complications.<sup>7</sup>

Diabetes is one of the most costly medical conditions to treat. The annual direct medical costs for Americans with diabetes were estimated to be \$116 billion in 2007, while another \$58 billion were attributed to indirect costs including disability, loss of productivity, and premature mortality.<sup>3</sup> In LA County alone, the direct medical costs of diabetes are estimated to be \$6.4 billion per year.<sup>8</sup>

A major contributor to the high medical

1. National Diabetes Information Clearinghouse (NDIC). *Diagnosis of Diabetes*. U.S. Department of Health and Human Services, National Institute of Health (NIH), October 2008. <http://diabetes.niddk.nih.gov/dm/pubs/diagnosis/>.
2. United Nations, General Assembly; 61st Session, Agenda Item 113: Resolution adoption by the General Assembly 61/225 World Diabetes Day. January, 2007.
3. Centers for Disease Control and Prevention. *National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. <http://www.cdc.gov/diabetes/pubs/pdf/nf07.pdf>.
4. Eckel RH, Kahn R, Robertson RM, Rizza RA. ADA/AHA Scientific Statement. Preventing Cardiovascular Disease and Diabetes. A Call to Action From the American Diabetes Association and the American Heart Association. *Circulation*. 2006;113:2943-2946.

5. Hu FB, Stamper MJ, Solomon CG, Liu S, Willett WC, Speizer FE, Nathan DM, Manson JE: The impact of diabetes mellitus on mortality from all causes and coronary heart disease in women: 20 years of follow-up. *Arch Intern Med*. 161: 1717-1723, 2001.
6. Engelgau MM, Geiss LS, Saaddine JB, Boyle JP, Benjamin SM, Gregg EW, Tierney EF, Rios-Burrows N, Mokdad AH, Ford ES, Imperatore G, Narayan KM: The evolving diabetes burden in the United States. *Ann Intern Med*. 140: 945-950, 2004.
7. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Mortality in Los Angeles County 2006: Leading causes of death and premature death with trends for 1997-2006*. September 2009.
8. *Costs estimates for Los Angeles County extrapolated using data reported in:* Dall TM, Zhang Y, Chen YJ, Quick WW, Yang WG, Fogli J. The economic burden of diabetes. *Health Affairs* 2010;29(2):1-7.



cost of diabetes is hospital care. In LA County, hospitalizations due to complications from diabetes increased 9.0% from 2005 to 2008 (from 22,292 hospitalizations to 24,309). This increase in hospitalizations was not uniform across racial/ethnic groups: hospitalizations among Asians/Pacific Islanders, Latinos and African Americans increased 14.2%, 10.8% and 7.5%, respectively, while hospitalizations among whites decreased by 3.5%.

Fortunately, the majority of type 2 diabetes and its precursor, prediabetes (fasting blood sugar 100-125 mg/dL), are preventable. A study among high-risk individuals showed that lifestyle interventions such as improved diet and exercise, or treatment with the oral diabetes drug metformin, reduced the development of diabetes by 58% and 31%, respectively, during a 3-year period.<sup>9</sup>

### Who has diabetes in Los Angeles County?

The Los Angeles County Health Survey (LACHS) revealed:

- The age-adjusted<sup>10</sup> adult diabetes rate has increased over the past 10 years from 6.6% in 1997 to 9.1% in 2007 (Table 1), affecting an estimated 650,000 adults in 2007.
- Although rates of diabetes were higher in 2007 than 1997 for all racial/ethnic groups, Asians/Pacific Islanders had the largest proportionate increase over the 10 years, from 5.9% in 1997 to 9.0% in 2007.
- In 2007, diabetes rates among Latinos (12.8%) and African Americans (11.4%) were at least twice that of whites (5.7%).
- An increase in diabetes was observed among people living in households below the federal poverty level (FPL), from 9.0% in 1997 to 14.7% in 2007, while those in households at or above FPL experienced little to no increase in the prevalence of diabetes.
- In 2007, adults living in households below

### 1 TABLE

## Percent of Adults (18+ years old) Ever Diagnosed with Diabetes,<sup>†</sup> LACHS 1997-2007

	1997 (%)	1999 (%)	2002 (%)	2005 (%)	2007 (%)
<b>Los Angeles County</b>	6.6	7.5	7.6	8.6	9.1
<b>Gender</b>					
Male	6.7	7.7	7.7	8.8	9.4
Female	6.6	7.4	7.6	8.4	8.8
<b>Age Group</b>					
18-29	0.8	1.7	0.9	1.3	1.3*
30-39	2.8	2.9	2.1	3.3	3.6
40-49	5.1	6.1	6.0	7.0	7.0
50-64	11.6	11.8	13.4	15.2	16.8
65 and over	14.3	16.8	17.8	18.3	19.2
<b>Race/Ethnicity</b>					
Latino	9.5	11.3	11.4	12.3	12.8
White	4.6	5.5	5.4	5.6	5.7
African-American	10.1	9.5	9.4	12.0	11.4
Asian/Pacific Islander	5.9	5.6	5.1	7.1	9.0
<b>Federal Poverty Level<sup>§</sup></b>					
0-99% FPL	9.0	11.1	12.7	14.0	14.7
100-199% FPL	9.0	9.2	9.1	10.2	9.1
200% or above FPL	5.3	6.1	5.8	6.5	7.1
<b>Service Planning Area</b>					
Antelope Valley	6.7	6.6	7.1	9.0	9.3
San Fernando	5.7	6.3	6.5	6.3	7.0
San Gabriel	7.0	7.2	6.8	7.3	8.4
Metro	6.9	7.8	7.8	11.4	10.5
West	5.3	6.1	4.3	4.7	5.1
South	11.5	9.5	11.2	14.5	13.9
East	5.7	9.3	10.1	10.5	11.8
South Bay	6.0	7.1	8.2	8.3	9.1

<sup>§</sup> Federal Poverty Level (FPL) thresholds are based on the US Census and at the time of interview. For example, the 2007 data were based on the 2006 FPL, which for a family of four (2 adults, 2 dependents) corresponded to annual incomes of \$20,444 (100% FPL), \$40,888 (200% FPL), and \$61,332 (300% FPL).

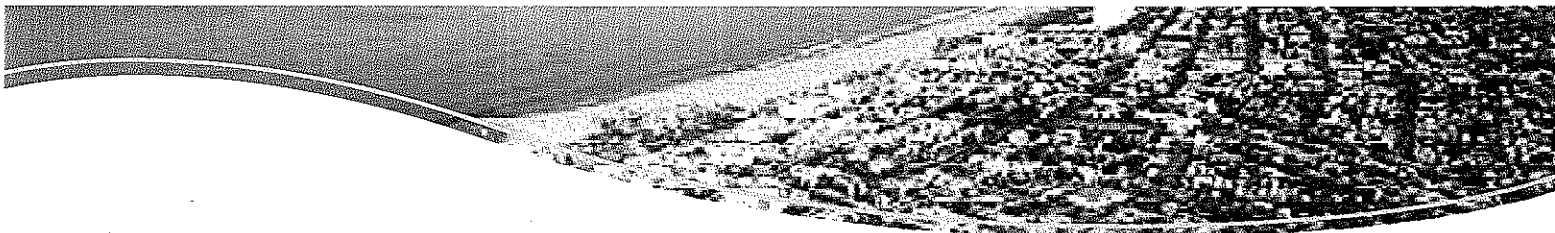
\*Estimate is statistically unstable and should be viewed with caution.

<sup>†</sup> Age-adjusted percentage according to the 2000 U.S. standard population aged 18 years and older.

FPL were twice as likely to have diabetes compared to those living in households at or above 200% FPL.

9. Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Wätker EA, Nathan DM. Diabetes Prevention Program Research Group: Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002 Feb 7;346(6):393-403.

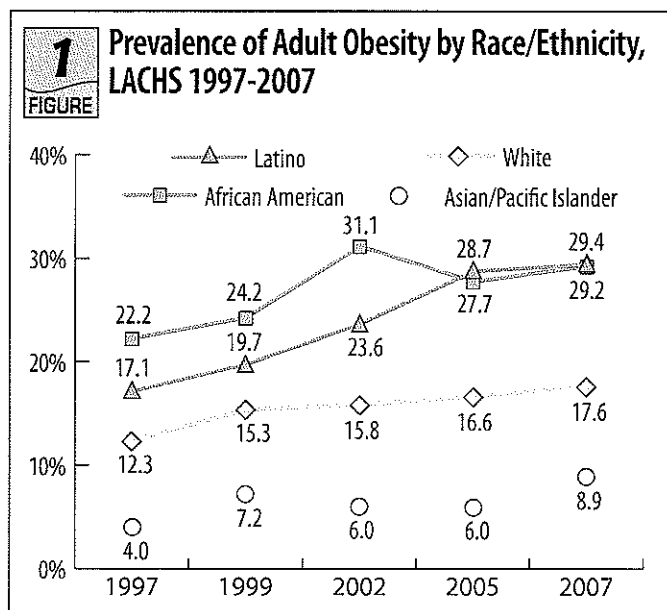
10. Certain population sub-groups can have different age distributions, so age-adjustment allows for comparisons of a condition between groups while controlling for such age differences. Results are age-adjusted and, therefore, may differ from statistics presented in other reports.



## Diabetes and Obesity

Obesity is the most important modifiable risk factor for diabetes. Results from the LACHS, which calculated body-mass index (BMI)<sup>11</sup> using self-reported height and weight measurements, indicate:

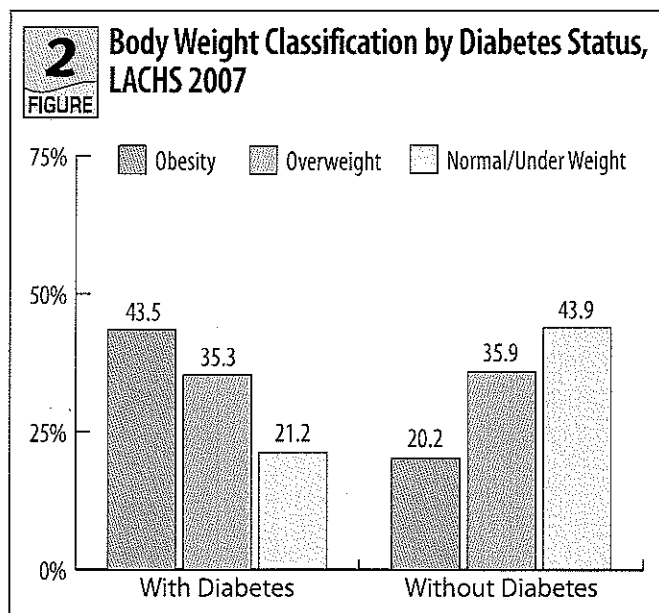
- The rate of obesity increased from 14.3% in 1997 to 22.2% in 2007, paralleling the increase in diabetes over the same time period.
- Asians/Pacific Islanders had the lowest rate of obesity in 2007, but their rate of obesity more than doubled, from 4.0% in 1997 to 8.9% in 2007 (Figure 1). When considering obesity and diabetes risk among Asians, it is important to note that increasing evidence suggests that due to differences in their body composition and fat distribution compared to other racial/ethnic groups, Asians experience increased risk for diabetes, cardiovascular disease, and death at lower BMI than do other racial/ethnic groups.<sup>12,13</sup>



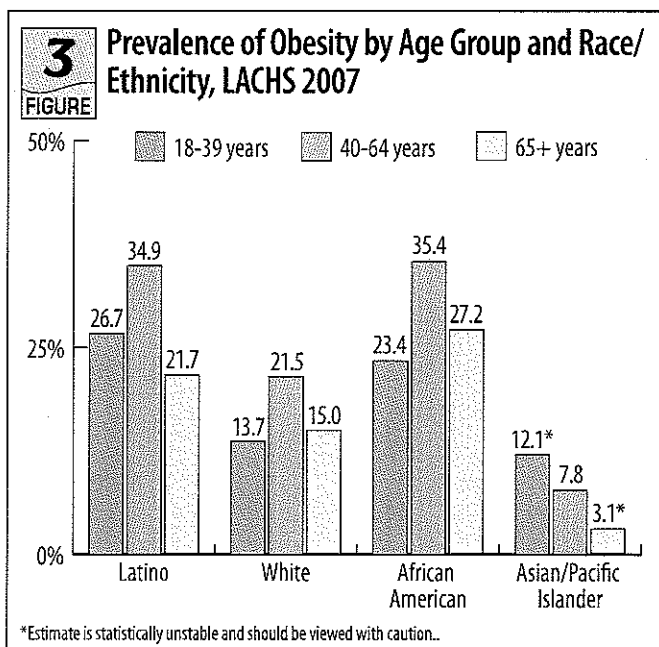
11. Weight status is based on Body Mass Index (BMI) calculated from self-reported weight and height. According to NHLBI clinical guidelines, a BMI < 18.5 is underweight, a BMI ≥ 18.5 and < 25 is normal weight, a BMI ≥ 25 and < 30 is overweight, and a BMI ≥ 30 is obese. [REFERENCE: National Heart, Lung, and Blood Institute (NHLBI) [www.nhlbi.nih.gov/guidelines/obesity/ob\\_csum.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/ob_csum.pdf)]

12. WHO Expert Consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet*. 2004;363:157-163.

- In 2007, the obesity rate among those with diabetes (43.5%) was more than double the obesity rate among those without diabetes (20.2%) (Figure 2).

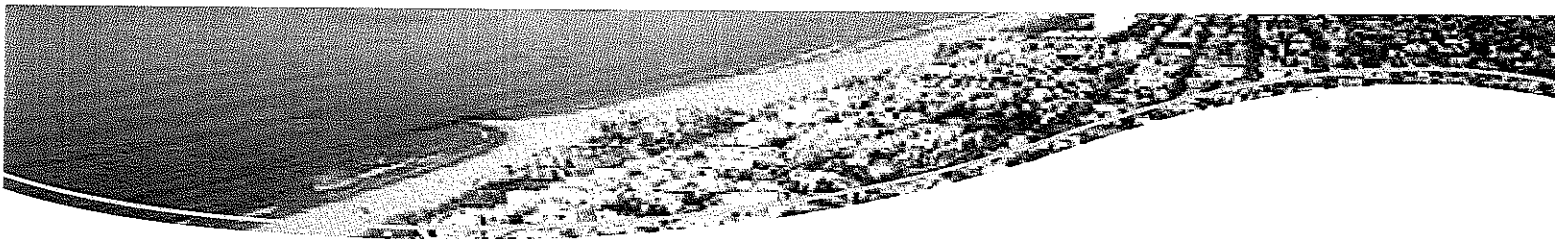


- Younger Latinos and African Americans (18-39 years) had higher rates of obesity (26.7% and 23.4%, respectively) than whites (13.7%) and Asians/Pacific Islanders (12.1%) in the same age group (Figure 3).

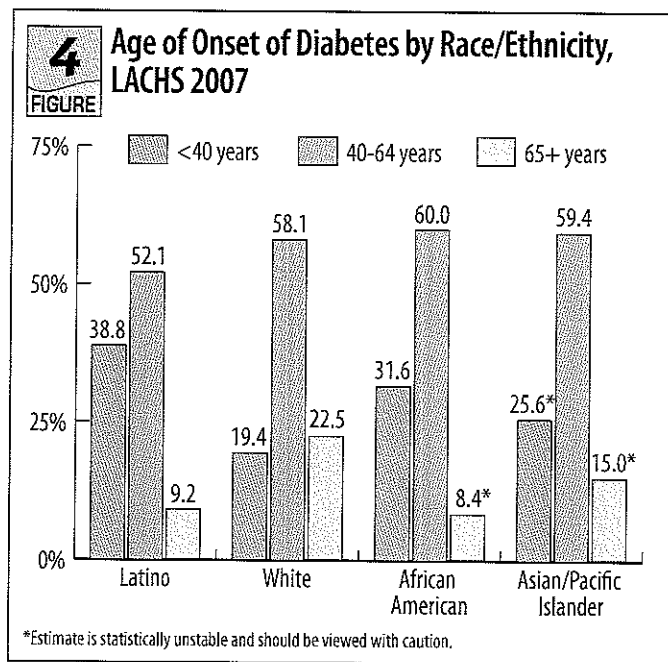


\*Estimate is statistically unstable and should be viewed with caution..

13. Wen CP, David Cheng TY, Tsai SP, et al. Are Asians at greater mortality risks for being overweight than Caucasians? Redefining obesity for Asians. *Public Health Nutr*. 2009;12:497-506.



- Approximately 38.8% of Latinos and 31.6% of African Americans with diabetes were diagnosed before the age of 40, compared to 25.6%\* of Asians/Pacific Islanders and 19.4% of whites (Figure 4).



## Diabetes, Physical Activity, and Nutrition

Physical activity and good nutrition are important modifiable health behaviors that can prevent diabetes, as well as help to control or reverse diabetes. Only 40.2% of adults diagnosed with diabetes reported meeting the recommended amount of weekly physical activity, significantly less than the 54.5% of adults without diabetes. Further, only 13.6% of adults with diabetes, and 15.3% without diabetes, reported eating five or more servings of fruits and vegetables a day. Since a healthy diet must include consistent fruit and vegetable consumption, these statistics raise concern. Limited access to high quality produce may underlie the low rate of fruit and vegetable consumption in LA County; fewer than one-third of adults with diabetes (32.4%), and only 36.3% of adults without diabetes, reported that high quality fruits and vegetables were accessible to them.

\*Estimate is statistically unstable and should be viewed with caution.

14. Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010; US Department of Agriculture (USDA) and the US Department of Health and Human Services (HHS); <http://www.cnpp.usda.gov/DGAs2010-DGACReport.htm>

## What Can Be Done?

### What Can Individuals Do?

#### To Prevent Diabetes:

- Follow a healthy meal plan of whole grains, fruits, and vegetables; low-fat dairy products and lean cuts of meat, fish, or poultry; limit foods high in salt and sugar<sup>14,15</sup>
- Maintain an exercise program – be physically active 30-60 minutes on most days of the week<sup>15-17</sup>
- If applicable, lose excess weight through a healthy diet and increased physical activity

#### If You Have Diabetes:

In addition to following the recommendations above “To Prevent Diabetes”:

- Participate in an educational or support group for people with diabetes to gain knowledge, problem-solving and coping skills to successfully manage your diabetes and reduce the risk of complications<sup>15</sup>
- See your health care provider regularly and ensure that your diabetes is being treated according to current recommendations<sup>15</sup>
- Get a flu shot every year<sup>15,17</sup>
- Get a dilated eye exam and complete foot exam at least once a year<sup>15</sup>
- Check your feet daily for cuts, blisters or swelling<sup>15</sup>
- Brush and floss your teeth every day to prevent problems with your teeth and gums<sup>15</sup>
- If you smoke, seek help to quit<sup>15-17</sup>
- Women of childbearing age should consult medical care to ensure their blood sugar is tightly controlled, to avoid serious maternal

15. American Diabetes Association. Standards of Medical Care in Diabetes – 2010. Diabetes Care 2010;33(suppl 1):S11-S61.

16. Guide to Community Preventive Services. [www.thecommunityguide.org](http://www.thecommunityguide.org). Last updated: 05/24/2010.

17. Guide to Clinical Preventive Services, 2009. AHRQ Publication No. 09-IP006, September 2009. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/pocketgd.htm>.



## on the web

The **American Diabetes Association (ADA)** leads the fight against the deadly consequences of diabetes and fights for those affected by diabetes, in part by funding research to prevent, cure, and manage diabetes, as well as deliver services throughout the US. [www.diabetes.org](http://www.diabetes.org)

**National Diabetes Information Clearinghouse (NDIC)** established in 1978 to increase knowledge and understanding about diabetes among patients, health care professionals, and the general public. <http://diabetes.niddk.nih.gov>

**National Diabetes Education Program (NDEP)** is sponsored by the National Institute of Health (NIH) and the Centers for Disease Control and Prevention (CDC). NDEP includes over 200 partners at the federal, state, and local levels working together to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of type 2 diabetes. [www.ndep.nih.gov](http://www.ndep.nih.gov)

The **California Diabetes Program**, funded by the Centers for Disease Control and Prevention, is a partnership between the University of California, San Francisco and the California Department of Public Health. It is a coordinating leader for stakeholders from the community, health care, policy, and environmental sectors. [www.caldiabetes.org](http://www.caldiabetes.org)

and fetal complications in the event of a pregnancy; until then, they should employ an effective form of contraception

### *What Can Communities, Businesses, Schools, and Policymakers Do?*

**Take steps toward ensuring healthy places for physical activity. Make the easy choice the right choice:**

- Incorporate health into local planning decisions
- Increase access to parks and green spaces and ensure safety in recreation areas

- Offer incentives for employers to provide, and for employees to participate in, workplace wellness programs<sup>18</sup>

### **Improve access to nutritious produce and products to make it easier for the public to find and choose healthier foods:**

- Increase the availability of affordable, nourishing food choices at corner stores and supermarkets, especially in low-income neighborhoods<sup>16</sup>
- Promote policies that improve food quality (e.g., age-appropriate portion sizes, minimize sodium content)
- Encourage and enforce local and national menu labeling laws that require restaurants to provide nutrition information on their menus and menu boards<sup>16,19</sup>

### **Involve schools in creating models of healthy behavior for the community:**

- Implement and enforce California's state physical education requirements in K-12 instruction as part of a comprehensive school health curriculum that helps students adopt lifelong healthy lifestyle practices<sup>16</sup>
- Develop collaborations with schools (e.g., joint use arrangements) so that community members may use recreational facilities
- Implement national nutrition standards, created by the United States Department of Agriculture and the School Lunch Act, that would apply to all food sold in relation to school activities (e.g., after school programs, school fundraisers, etc.)<sup>20</sup>
- Establish safe routes so that children can walk, skateboard, or bicycle to school

18. American Diabetes Association. *Health Reform Task Force Recommendations*. Alexandria, VA; 2008.

19. American Diabetes Association. *Recommendation on Menu Labeling*. American Diabetes Association Legislative Subcommittee, Alexandria, VA; 2008.

20. American Diabetes Association. *Board Approved Principles on Obesity, Physical Activity, and Nutrition in Schools*. Alexandria, VA; 2007.





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In this issue:

## TRENDS IN DIABETES – A REVERSIBLE PUBLIC HEALTH CRISIS

### What is New in LA County?

Recently, the Los Angeles County Department of Public Health (LAC-DPH) was awarded a grant of \$15.9 million, over a two-year period, by the Centers for Disease Control and Prevention as part of the national Communities Putting Prevention to Work initiative. The project, Renew Environments for Nutrition, Exercise, and Wellness in Los Angeles County (RENEW LA County) aims to implement policy, systems, and environmental changes to improve nutrition, increase physical activity, and reduce risk factors leading to obesity. LAC-DPH will work with a broad range of communities, cities, and school partners to achieve these goals.



Suggested Citation: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Trends in Diabetes: A Reversible Public Health Crisis, LA Health; November 2010.

For additional information about the L.A. County Health Survey, visit: [www.publichealth.lacounty.gov/ha](http://www.publichealth.lacounty.gov/ha)

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Los Angeles County Chapter for their helpful review, and  
contributions to this report.

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2007 survey collected information on a random sample of 7,200 adults and 5,728 children. The survey was conducted for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program, and various Department of Public Health programs.

## TRENDS IN DIABETES: A REVERSIBLE PUBLIC HEALTH CRISIS

### What is Diabetes?

Diabetes mellitus is a chronic condition characterized by high blood sugar levels (fasting blood sugar  $\geq 126$  mg/dL). There are three general forms of diabetes:

- Type 1 – the pancreas produces little or no insulin
- Type 2 – the body becomes resistant to the effects of insulin
- Gestational diabetes - women without previously diagnosed diabetes develop high blood sugar during pregnancy

Common symptoms of diabetes include blurry vision, unexplained weight loss, increased thirst, and/or increased urination. In its early stages, people with diabetes may not have any symptoms. However, if left untreated, diabetes can damage nerves and blood vessels, leading to heart disease, stroke, kidney disease, blindness, loss of sensation in extremities and amputation.

### Risk Factors for Type 2 Diabetes

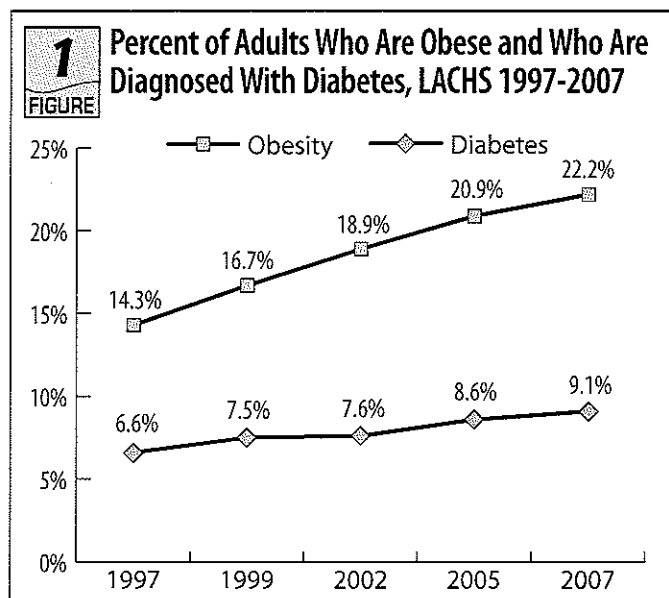
Type 2 diabetes accounts for over 90% of all diabetes cases. Obesity is the most important risk factor, that you can change, for type 2 diabetes. In LA County, adult obesity has increased from 14.3% in 1997 to 22.2% in 2007 (Figure 1). Other risk factors associated with type 2 diabetes are age, heredity, race/ethnicity, history of diabetes during pregnancy, and physical inactivity.

Most type 2 diabetes, and the condition that leads to it, pre-diabetes (fasting blood sugar 100-125 mg/dL), is preventable.

### Who Has Diabetes in Los Angeles County?

Diagnosed diabetes has been increasing around the world as well as in LA County. Results from the Los Angeles County Health Survey (LACHS) found that for adults:

- The rate of diabetes has increased from 6.6% in 1997 to 9.1% in 2007, affecting about 650,000 adults in 2007
- In 2007, 12.8% of Latinos, 11.4% of African Americans, 9.0% of Asians/Pacific Islanders, and 5.7% of whites had diabetes
- An even steeper increase in diabetes was seen among adults living in households below the federal poverty level<sup>\$</sup> (FPL), from 9.0% in 1997 to 14.7% in 2007
- In 2007, adults living in households below FPL were twice as likely to have diabetes compared to those living in households at or above 200% FPL



<sup>\$</sup> Federal Poverty Level (FPL) thresholds are based on the US Census and at the time of interview. For example, the 2007 data were based on the 2006 FPL, which for a family of four (2 adults, 2 dependents) corresponded to annual incomes of \$20,444 (100% FPL), \$40,888 (200% FPL), and \$61,332 (300% FPL).



## A GUIDE TO DIABETES: WHAT YOU NEED TO KNOW TO PROTECT YOUR HEALTH

### What You Can Do To Prevent Diabetes

- Eat healthy foods:
  - ◆ whole grains (whole wheat bread, oatmeal)
  - ◆ fruits and vegetables (orange, yellow, green & leafy, like broccoli and spinach)
  - ◆ lean cuts of meat, fish, or poultry and low-fat dairy products
  - ◆ limit foods high in salt, sugar, and grease
- Exercise: be physically active 30-60 minutes on most days of the week
- Lose excess weight through a healthy diet and increased physical activity

### For more information about . . .

- **Diabetes** go to:  
[www.diabetes.org](http://www.diabetes.org)  
[www.caldiabetes.org](http://www.caldiabetes.org)  
<http://diabetes.niddk.nih.gov>  
[www.ndep.nih.gov](http://www.ndep.nih.gov)
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[www.mypyramid.gov](http://www.mypyramid.gov)
- **Physical activity** go to:  
[www.cdc.gov/physicalactivity/everyone](http://www.cdc.gov/physicalactivity/everyone)
- **Quitting smoking** go to:  
[www.laquits.com](http://www.laquits.com)  
call 1-800-NO-BUTTS



### If You Already Have Diabetes

In addition to following the recommendations “What You Can Do To Prevent Diabetes”:

- Participate in an educational or support group for people with diabetes to gain knowledge, and learn problem-solving and coping skills to successfully manage your diabetes and reduce the risk of complications
- See your health care provider regularly and make sure that your diabetes is being treated according to current recommendations
- Get a flu shot every year
- Get a dilated eye exam and complete foot exam at least once a year
- Check your feet daily for cuts, blisters or swelling
- Brush and floss your teeth every day to prevent problems with your teeth and gums
- If you smoke, seek help to quit
- Women of childbearing age should consult medical care to make sure their blood sugar is tightly controlled, to avoid complications to the mother and the baby in case of a pregnancy; until then, they should use an effective form of contraception



Suggested Citation: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Trends in Diabetes: A Reversible Public Health Crisis, LA Health; November 2010.

For additional information about the L.A. County Health Survey, visit: [www.publichealth.lacounty.gov/ha](http://www.publichealth.lacounty.gov/ha)

The Los Angeles County Health Survey is a periodic population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2007 survey collected information on a random sample of 7,200 adults and 5,728 children. The survey was conducted for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, the Tobacco Control and Prevention Program, the Emergency Preparedness and Response Program and various Department of Public Health programs.

## LAS TENDENCIAS EN LA DIABETES: UNA CRISIS DE SALUD PÚBLICA REVERSIBLE

### ¿Qué es la Diabetes?

La diabetes es una enfermedad crónica caracterizada por niveles altos de glucosa (azúcar) en la sangre. Existen tres formas generales de diabetes:

- Tipo 1 – el páncreas produce poco o nada de insulina
- Tipo 2 – el cuerpo se vuelve resistente a los efectos de la insulina
- Diabetes gestacional – las mujeres sin diagnóstico previo de diabetes desarrollan niveles altos de glucosa durante el embarazo

Los síntomas comunes de la diabetes incluyen visión borrosa, pérdida de peso sin explicación, demasiada sed, y/u orinar con frecuencia. En su etapa inicial, las personas con diabetes pueden no tener ningún síntoma. Sin embargo, si se deja sin tratar, la diabetes puede dañar los nervios y vasos sanguíneos resultando en enfermedades cardíacas, derrame cerebral, enfermedad renal, ceguera, pérdida de sensación en las extremidades y amputaciones.

### Factores de Riesgo de la Diabetes Tipo 2

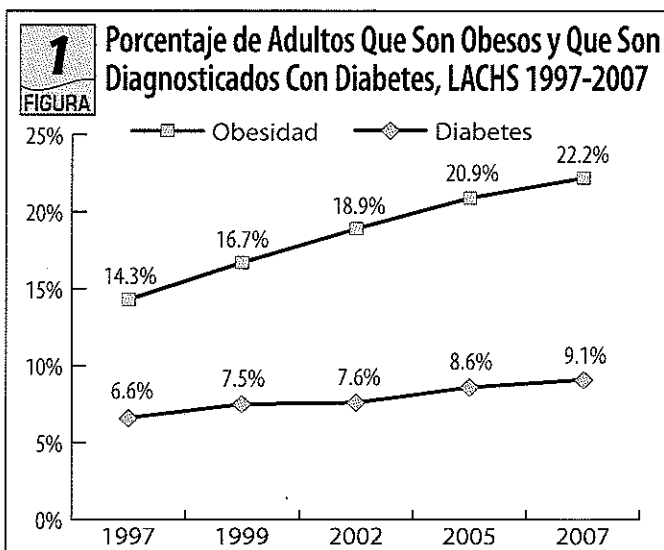
La diabetes tipo 2 representa más del 90% de todos los casos de diabetes. La obesidad es el factor más importante que usted puede cambiar para combatir la diabetes tipo 2. En el Condado de Los Ángeles, la obesidad en los adultos ha incrementado de 14.3% en 1997 a 22.2% en 2007 (ver Figura 1). Otros factores de riesgo relacionados con la diabetes tipo 2 son edad, antecedentes familiares, raza y etnicidad, antecedentes de diabetes durante el embarazo y la inactividad física.

La mayoría de los casos de la diabetes tipo 2 y la pre-diabetes son prevenibles.

### ¿Quién Tiene Diabetes en El Condado de LA?

La diabetes diagnosticada ha incrementado en todo el mundo al igual que en el Condado de Los Ángeles. Los resultados de la Encuesta de Salud del Condado de Los Ángeles (Los Angeles County Health Survey, o LACHS, por sus siglas en inglés) encontraron que para los adultos:

- La tasa de diabetes ha incrementado del 6.6% en 1997 a 9.1% en 2007, afectando aproximadamente 650,000 adultos en 2007
- En 2007, 12.8% de hispanos/Latinos, 11.4% de Afro-Americanos, 9.0% de Asiáticos/ Isleños del Pacífico y el 5.7% de Blancos tenían diabetes
- Un incremento aún más notable se observó entre adultos viviendo en hogares por debajo del nivel de pobreza federal (FPL, por sus siglas en inglés), de 9.0% en 1997 a 14.7% en 2007
- En 2007, los adultos viviendo en hogares por debajo del nivel de pobreza federal (FPL) fueron dos veces más propensos a tener diabetes en comparación a los que viven en hogares con un FPL de 200% o más



\$ Los parámetros del nivel de pobreza federal (FPL) se basan en la Oficina del Censo de los Estados Unidos y en el momento de la entrevista. Por ejemplo, los datos de 2007 se basaron en el FPL de 2006, el cual establece que para una familia de 4 personas (2 adultos, 2 dependientes) deben tener un ingreso anual de \$20,444 (100% FPL), \$40,888 (200% FPL) y \$61,332 (300% FPL).

# UNA GUÍA PARA LA DIABETES: LO QUE NECESITA SABER PARA PROTEGER SU SALUD

## Lo Que Puede Hacer Para Prevenir la Diabetes

- Coma alimentos saludables:
  - ◆ Granos enteros (pan de trigo integral, avena)
  - ◆ Frutas y verduras (anaranjados, amarillos, verdes y hojas tal como brócoli y espinaca)
  - ◆ Cortes de carne magra, pescado o pollo y productos lácteos bajos en grasa
  - ◆ Limite la cantidad de alimentos altos en sodio (sal), azúcar y grasa
- Ejercicio: haga actividad física durante 30 a 60 minutos la mayoría de los días de la semana
- Pierda el peso excesivo por medio de una dieta saludable y actividad física

## Para más información sobre . . .

- La **Diabetes** visite:  
[www.diabetes.org](http://www.diabetes.org)  
[www.caldiabetes.org](http://www.caldiabetes.org)  
<http://diabetes.niddk.nih.gov>  
[www.ndep.nih.gov](http://www.ndep.nih.gov)
- **Comidas saludables** visite:  
[www.mypyramid.gov](http://www.mypyramid.gov)
- **Actividad física** visite:  
[www.cdc.gov/physicalactivity/everyone](http://www.cdc.gov/physicalactivity/everyone)
- **Para dejar de fumar** visite:  
[www.laquits.com](http://www.laquits.com)  
 llame al # **1-800-NO-FUME**



## Si Usted Ya Tiene Diabetes

Además de seguir las recomendaciones de “**Lo Que Puede Hacer Para Prevenir la Diabetes**,” usted puede:

- Participar en un grupo educativo o de apoyo para personas con diabetes para obtener más conocimiento y aprender a cómo solucionar los problemas. Además de cómo sobrellevar la diabetes con el fin de controlar dicha enfermedad con éxito y reducir su riesgo de complicaciones
- Consulte a su médico regularmente y asegúrese de que su diabetes esté bien controlada según las recomendaciones medicas
- Vacúnese contra la gripe todos los años
- Hágase un examen de dilatación de la pupila del ojo y un examen completo de los pies por lo menos una vez al año
- Revise sus pies diariamente y busque cortadas, ampollas o hinchazón
- Lávese los dientes y utilice hilo dental todos los días para prevenir problemas de los dientes y las encías
- Si usted fuma, busque ayuda para dejar de fumar (1-800-NO FUME)
- Las mujeres en edad reproductiva deben consultar con su médico para asegurarse de que sus niveles de glucosa en la sangre estén bien controlados, para evitar complicaciones a la madre y al bebé en caso de un embarazo; hasta entonces, deberán utilizar algún método efectivo de anticonceptivo



Citación sugerida: El Departamento de Salud Pública del Condado de Los Ángeles, Oficina de Evaluación de la Salud y Epidemiología, Tendencias en la Diabetes: Una Crisis de Salud Pública Reversible, Salud LA, noviembre del 2010.

Para mayor información sobre la Encuesta de Salud del Condado de Los Ángeles, visite nuestra página de Internet al: [www.publichealth.lacounty.gov/ha](http://www.publichealth.lacounty.gov/ha)

La Encuesta de Salud del Condado de Los Ángeles es una encuesta periódica, telefónica de la población que reúne información sobre las características sociodemográficas, estado de salud, comportamientos de salud y el acceso a servicios de la salud entre adultos y niños en el condado. La encuesta de 2007 reunió información de una muestra al azar de 7,200 adultos y 3,728 niños. La encuesta fue realizada para el Departamento de Salud Pública Del Condado de Los Ángeles por medio de la Field Research Corporation y fue apoyado por un subsidio por parte de First 5 LA, el Programa de Control y Prevención del Tabaco, el Programa de Preparación en Casos de Emergencia, y otros programas del Departamento de Salud Pública.